

Montana Local Government Retention Schedule
REQUEST FOR CHANGE IN RECORDS SCHEDULE

Schedule #

Agency/Dept. Name

From: Name _____ County _____
Address or PO Box _____
City _____ **MT** Zip _____
Phone (406) - _____ Email address: _____ @ _____

CHANGE REQUESTED Check the type of change you are requesting. Enter Page and Item #

<input type="checkbox"/> ADD new item. A retention time MUST be included. <input type="checkbox"/> DELETE Page # _____ Item # _____ existing item	<input type="checkbox"/> Change retention time Page # _____ Item # _____ <input type="checkbox"/> Change existing item Page # _____ Item # _____
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RECORD SERIES TITLE: If the series is called by multiple names, include all of them.

DESCRIPTION OF RECORD SERIES:

Function: Why the series exists and the process performed by the series.

Content: Correspondence, reports, applications, financial, etc.

TO CHANGE OR DELETE AN EXISTING ITEM: Describe changes or deletions requested. Include the reason.

PROPOSED RETENTION TIME: ☐ New Item ☐ Change existing time
How long must records be kept before disposition?

What criteria were used to determine retention time?

Do State or Federal regulations apply to retention time? ☐ Yes ☐ No
If so, list them.

COMMENTS:

ASSOCIATION RECORDS COMMITTEE APPROVAL: Have proposed changes been reviewed and agreed on by your Association's Record Retention Schedule Committee? ☐ Yes ☐ No

Requested
by: _____

Signature

Title

Date

LGRC Reviewed on: _____ Action: Approved ☐ Other: _____

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